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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

630666.0007

First Named Inventor

MCGREGOR, et al.

COMPLETE IF KNOWN

Application Number

10/594,944

Filing Date

March 28, 2005

Art Unit

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Examiner Name

--

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GENETICALLY MODIFIED HEART VALVE XENOGRAPHS*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

28 March 2005

as United States Application Number or PCT International

Application Number

PCT/US05/010291

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

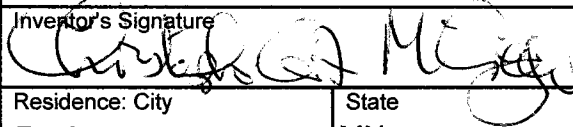
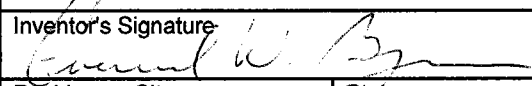
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

5952405

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> The address associated with Customer Number:	26710	OR <input type="checkbox"/> Correspondence address below	
Name REN, Zhibin, QUARLES & BRADY LLP					
Address 411 E. Wisconsin Avenue					
City Milwaukee		State WI		ZIP 53202	
Country US		Telephone 414-277-5633		Fax 414-271-3552	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Christopher G.A.			Family Name or Surname MCGREGOR		
Inventor's Signature 					Date 12/12/06
Residence: City Rochester		State MN		Country US	
				Citizenship US	
Mailing Address 612 Tenth Avenue SW					
City Rochester		State MN		Country US	
				Zip 55902	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Guerard W.			Family Name or Surname BYRNE		
Inventor's Signature 					Date 12/12/06
Residence: City Rochester		State MN		Country US	
				Citizenship US	
Mailing Address 5506 Leslie Lane SW					
City Rochester		State MN		Country US	
				Zip 55902	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

Please type a plus sign (+) inside this box 

PTO/SB/02A (11-00)

Approved for use through 10/31/2002.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
William R.		DAVIES	
Inventor's Signature <i>William R. Davies</i>		Date <i>20 Sept 2006</i>	
Residence: City Grafham	State <small>Cambridgeshire</small>	Country UK	Citizenship UK
Mailing Address 11 Field Close			
Mailing Address			
City Grafham	State <small>Cambridgeshire</small>	ZIP PE28 OAY	Country UK
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John S.		LOGAN	
Inventor's Signature		Date	
Residence: City Robbinsville	State NY	Country US	Citizenship UK
Mailing Address 1285 Old York Road			
Mailing Address			
City Robbinsville	State NY	ZIP 08691	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
William R.		DAVIES	
Inventor's Signature		Date	
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Mailing Address 21 Cedar Close			
Mailing Address			
City Grafham	State Cambridgeshire	ZIP PE28 0DZ	Country UK
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John S.		LOGAN	
Inventor's Signature <i>John S Logan</i>		Date 15 Sept, 2008	
Residence: City Robbinsville	State NY NJ	Country US	Citizenship UK
Mailing Address 1285 Old York Road			
Mailing Address			
City Robbinsville	State NY NJ	ZIP 08691	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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